

BOROUGH OF TOTNES

ANNUAL REPORT
OF THE HEALTH OF THE DISTRICT
FOR THE YEAR 1962



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MEDICAL OFFICER OF HEALTH

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To the Chairman and Members of the Public Health Committee

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Health Report for the year 1962. In this, my fourth annual report, I have omitted the vital statistics for the area in order that the report could be presented to you before the termination of my appointment as your Medical Officer on the 31st March 1963. These vital statistics will be made available by the Registrar General during the following month and it will then be necessary for these statistics to be included in a separate appendix to this report by my successor.

In presenting this report I have attempted to give a general review of the health services provided during the year and to outline some factors relating to the health of the community. Current health problems have been stressed and suggestions have been presented that might be worthy of future consideration.

Health Services - Section B of the report covers the general provision of health services in the area. The mass miniature radiography units continue to provide a useful service. After many years the Borough Council have at last succeeded in getting a councillor on to the house management committee of the two local hospitals. It is of advantage to have a member of the public health committee, an elected representative of the community, on this hospital committee.

Infectious Diseases - Section C deals with the prevalence and control of infectious diseases. Measles proved to be a troublesome disease during the year and it seems that few children escape the disease during the first 7 years of their life. A contact of a smallpox case was found in the district and reference is made in this section. If ever a smallpox outbreak occurs in this area I hope that all the contacts have been vaccinated in the past because the subsequent revaccination will then result in a rapid revival of immunity with little likelihood of a severe local reaction.

Sanitary Circumstances - The sanitary circumstances of the area are described in Section D. In my first annual report, for 1959, I made reference to the overloaded sewage works. Since that time a review has been made of the sewage works and a review is now being made of the sewerage system. As the years roll on I trust that the provision of a new sewage works remains a priority project and does not become displaced by more attractive but less urgent projects. The delay in obtaining a new refuse tip should be noted. When attempts were made to find a suitable site within the Borough during 1959 and 1960 it will be recalled that local opposition was encountered whenever a possible site was mentioned. Members of the public should realise how exceedingly difficult it is becoming to find suitable sites in the area. Fortunately the Totnes Rural District Council have been very helpful in providing a temporary solution to this difficult problem. Finally it is pleasing to report that hand washing facilities in public conveniences are now available without charge in the Borough.

Food Hygiene - Section E gives details regarding the inspection and supervision of food. In all food businesses it is hoped to find good premises, good equipment and a staff well trained in the practice of food hygiene. It is particularly important that food handlers are fully acquainted with the requirements of the Food Hygiene Regulations.

Housing - Housing is discussed in Section F. In the past I have said much about housing improvement grants. The majority of these grants continue to go to owner/occupiers and rented accommodation hardly benefits at all. It would seem that better financial arrangements will still be necessary before there is any great improvement in the situation. Many houses in the Borough are now reaching the end of their useful life. Others are lacking modern amenities. It must be remembered, however, that a house cannot as yet be regarded as unfit for human habitation merely because it lacks a bathroom or has only an outside toilet. Higher standards of fitness for human habitation

must be introduced in the near future. At the same time legislation might well be considered to enforce the provision of certain specified amenities. In the meantime people will continue to live in the inferior type of dwellings because modern accommodation is not available or alternatively, because the rents of these modern dwellings are high in comparison with the very low rents paid for these older dwellings.

General Health - Matters concerning general health are discussed in Section G. My remarks regarding heavy cigarette smoking and its association with lung cancer and chronic bronchitis should be familiar to all by now. Local publicity does very little to reduce smoking in the community and the problem should now be tackled on a national scale. Meantime, having in mind the problems of chronic bronchitis, it is desirable to reduce smoking in crowded public places. I recommended a 'no smoking' rule when public buildings were used for such items as stage plays and exhibitions but I have not been able to secure any support for my recommendation. It must not be forgotten that local district authorities have a responsibility in reducing environmental hazards such as air pollution. On a different subject, it has now become possible to secure the adjustment of the fluoride content of water to a suitable concentration in order to reduce the incidence of dental decay in the community. It is hoped that this opportunity will now be taken to help prevent dental decay which is, next to the common cold, the most common disease of mankind.

The Future - In the immediate future consideration will have to be given to a number of factors that directly or indirectly affect the health of the community. The shortage of satisfactory housing units for certain groups of the population may cause some concern. The proportion of old people in the community will increase and more old persons dwellings will be required. The 'meals on wheels' service is performing an excellent service. During the year over 1,100 meals were served by members of the W.V.S. and their twice weekly visits do much to help maintain the morale of many old, lonely persons. I have no doubt that this service will need to expand in the future. Efforts must continue to reduce atmospheric pollution by dust and smoke and more action is required to discourage heavy cigarette smoking. The administration of the future "Offices Act" will mean that more work will fall to the public health department. It must be remembered that complete meat inspection will undoubtedly become compulsory in the immediate future and much time will have to be spent at the local slaughterhouses and bacon factory in order to carry out the necessary inspections. In the future, therefore, a public health inspector or a meat inspector will have to be appointed in order to help carry out these inspections.

Conclusion - In my last annual report I pointed out that this local authority will deal with many matters that affect the health of the public and that such matters might well be dealt with by committees other than the public health committee. Public health is not limited to the prevention of disease or death in the community, but it is also concerned with a general social well being. Efforts must continue to help improve and preserve the health and well being of all members of this community.

I should like to close on a personal note and thank you, Madam Chairman, for your support and encouragement during the year. At the same time I would like to add my appreciation of the help received from the officials and staff of the Borough Council during my appointment,

I have the honour to be,
Your Obedient Servant,

.....
F.T. Hunt.

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

CHAIRMAN

Councillor Mrs H.M. Sargent.

VICE CHAIRMAN

Councillor W.C. Bennett.

and

HIS WORSHIP THE MAYOR

Alderman D.W. Mitchell JP.,

ALDERMAN

A.C.E. Heal.

COUNCILLORS

Mrs G.P. Dunwoody.

Mrs L.B. Gray.

Mrs D.M.E. Heal.

J.F. FitzGerald.

G.V. Wood.

PUBLIC HEALTH STAFF

MEDICAL OFFICER OF HEALTH

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SECTION A.
STATISTICS

Area	1,421 acres
Number of inhabited houses	1,868
Dwellings owned by the Council (31st March, 1962)	483
Council Dwellings per 1,000 population	82.3
Rateable value (1st April, 1962)	£82,079
Estimated product of ld. rate	£382
Estimated mid year population	5,880
Population at 1951 census	5,540

VITAL STATISTICS

The vital statistics relating to births, infant mortality rates, maternal mortality and deaths will be presented as a separate appendix to this report in the near future. The information which is necessary for compiling these statistics is not expected to be made available by the Registrar General until the end of April.

MEASUREMENT OF COMMUNITY HEALTH

Whilst the vital statistics will give some indication of the health of the Borough, I think that more information is needed about the nature and amount of illness that is present in the community. These morbidity statistics would be of value in assessing the health of the community, in determining illnesses that may be caused by adverse social or environmental factors and in recommending measures which would be taken to improve community health. Such information could well be obtained from national insurance sickness certificates and hospital records. Unfortunately such information is not made available to your medical officer.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

1. Hospitals

There are two hospitals situated in the area. The Totnes and District Hospital is a general practitioner hospital and has 24 beds available for medical and surgical cases. Broomborough Hospital has 135 beds available for chronic cases. A maternity wing provides 13 beds and cots and 43 beds are available for residential cases under Part 3 of the National Assistance Act.

Persons suffering from infectious diseases requiring hospital treatment are accommodated at Torbay Hospital Annexe, Torquay.

2. County Council Health Services

Under the National Health Services Act 1946, the County Council provides the following services:-

Domiciliary midwives, home nurses, health visitors, supervisory care of expectant and nursing mothers and children under five, ambulance services, vaccination and immunisation procedures, home help services and the care of persons suffering from illness or mental disorders and the aftercare of such persons.

Two district nurse/midwives work in the district together with a health visitor and a nursing assistant. A child welfare clinic is held every fortnight at the Borough Park clinic and the health visitor for the area is in attendance. The home help service is provided by the County Council. A chiropody service has been made available for the handicapped, the aged and expectant mothers. The ambulance service is operated by voluntary organisations.

Pomeroy House provides accommodation for 16 old persons. In addition, the County Council provides residential accommodation in homes and hostels situated in various parts of the County for persons who, by reason of age, infirmity or other circumstances, are in need of care and attention not otherwise available to them.

3. Laboratory Services

Bacteriological examinations of pathological specimens and samples of milk, water and ice cream are carried out at the Public Health Laboratories at Exeter and Plymouth. The chemical analysis of water is undertaken by public analysts at Exeter.

4. Mass Miniature Radiography Service

A Mass Miniature Radiography Unit visited Totnes Borough twice during the year. In January, the unit visited Broomborough Hospital when patients and staff of the two local hospitals were examined. In November, a unit was sited in Station Road and it was made available for special groups of the population including school leavers. 474 persons attended this unit. No cases of active tuberculosis were detected at these surveys.

5. Home and Domestic Help Service

The County Council have now appointed a full time home help organiser who is responsible for this service in the Borough. Her central office is at 14, Midavale Road, Paignton and she has the use of an office in the Medical Department when she visits Totnes each week.

This service aims to provide essential domestic help in cases of maternity, sickness, convalescence, old age and infirmity. The service is not free, but persons if unable to pay the full charges, are assessed according to their means.

SECTION C.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

1. Infectious Diseases Notified during the Year.

51 infectious diseases were notified during the year. There was one case of non-pulmonary tuberculosis in a female aged 31 years and there were 50 cases of measles occurring in children.

22 of the measles cases were children under school age whilst a further 24 children were in the 5-9 age group. This disease continues to be a troublesome complaint in primary schools. Although the fatality rate is low it would seem that few children escape this infection and the disease is responsible for much illness. It is hoped that in the near future an effective vaccine will be available for immunisation against measles. When such a vaccine is introduced I think that measles will become an uncommon disease.

2. Respiratory Infections

Respiratory infections were again very prevalent during the months of January, February and December. At the present time infections such as the common cold and bronchitis present the greatest risk to the health of the babies and toddlers in the community. Respiratory infections which may be mild in school children and adults may prove more serious if passed on to the very young. It is important to take all precautions to prevent the spread of such infections to this age group.

3. Smallpox

A visitor to the district was identified as a contact of a smallpox cases from another area and she was accordingly vaccinated and placed under medical surveillance during her short stay. No other contacts of smallpox occurred in the Borough during the year.

The present freedom in this country from endemic smallpox does not diminish the importance of routine primary vaccination in infancy. Not only does this provide protection at least until the age of school entry but it also makes it likely that subsequent revaccination will result in a rapid revival of immunity with a diminished risk of severe local reaction.

In the light of present information, smallpox vaccination should be offered to children during the first two years of life, but preferably during the second year. There may be occasions, however, when medical circumstances are such that smallpox vaccination is contra-indicated in certain children.

It is particularly important that persons who work in such establishments as hospitals, laboratories and laundries should be fully protected by vaccination. Regular revaccination is also necessary for certain groups of workers including ambulance drivers and local authority staff who might come in contact with the disease during their routine work.

To be fully protected against smallpox it is generally considered that successful vaccination or revaccination should be carried out at suitable intervals of time. For the purposes of international health requirements successful vaccination or revaccination is advised every three years.

4. Immunisation and Vaccination

Vaccination and immunisation is available to give protection against such diseases as smallpox, poliomyelitis, whooping cough, diphtheria, tetanus and tuberculosis. These procedures can be carried out by local medical practitioners and also, under the Devon County Council scheme, sessions are carried out at local schools and the local Infant Welfare Clinic.

5. Oral Poliomyelitis Vaccine

During the early part of the year oral poliomyelitis vaccine was made available to all persons under the age of 40 years and all persons in the priority groups who had not previously been vaccinated against the disease. This oral vaccine has become very popular, particularly with children.

6. Influenza Vaccination

Influenza vaccination for selected groups of the population is now becoming a recognised public health measure for the reduction of this disease during winter months. Vaccination will reduce the chances of contracting the disease by about two thirds. It is considered to be of particular value to persons already suffering from cardio-vascular diseases and diseases of the lungs.

7. Immunisation against Tetanus

Whilst tetanus is not a common disease at the present time, nevertheless the fatality rate is high despite the most modern treatment. Tetanus can develop when dust, dirt or soil enters even the most trivial cut. Persons at risk include those whose work is connected with horticulture, agriculture, road repairs, refuse collection and the maintenance of sewers and drains.

Prevention is always better than cure and I would therefore advise persons at risk to obtain the necessary protection by becoming immunised against tetanus. A course of three protective injections are required.

8. Detection of Tuberculosis

Tuberculin skin testing was carried out on all children attending county primary schools in the district and also on children in the 13 year age group during the year. This test may indicate if the child is suffering from or has suffered from tuberculosis. The early onset of tuberculosis can be detected in the child or in the child's family. The scheme has, as its main object, the detection of previously unsuspected cases of tuberculosis. The examination of the child gives the lead for tracing the source of the infection in the community.

9. International Vaccination Certificates

In order to prevent the spread of infectious diseases several countries require that visitors should be vaccinated or inoculated against specified diseases. International certificates have now been prescribed for smallpox, yellow fever and cholera.

When completed by the medical practitioner these certificates must be authenticated by the Health Department of the Local Authority. It is the responsibility of travellers to see that international certificates of vaccination are available both for their family doctor to sign and the health department to authenticate. These certificates should be obtained by the travel agency organising the individual's journey. It is not the responsibility of local authorities to provide these documents.

264 International Certificates of Vaccination were authenticated during the year.

SECTION D.

SANITARY CONDITIONS IN THE AREA

1. Water

The water supply of the Borough was regarded as satisfactory both in quality and quantity throughout the year. Bacteriological examinations of the treated water were carried out at regular intervals, and all these examinations were satisfactory. The water is not subjected to plumbo-solvent action and no action was necessary in respect of any form of contamination.

Approximately 5,800 persons, living in 1,849 dwellings were supplied with water from the public mains during the year. There were 4 houses supplied from public mains by means of stand pipes. 15 dwellings had their own private water supply.

2. Sewage Disposal

In 1961 a review of the sewage disposal facilities in Totnes, carried out by consultant engineers, confirmed that the existing facilities were totally inadequate to handle and treat the domestic sewage and trade wastes of the town. Recommendations made in this report included the complete replacement of the sewage disposal arrangements. Major construction works proposed included a new pumping station and a new sewage treatment works on the activated sludge principle. Following the receipt of this report, the Council have now arranged for a full investigation into the sewerage system of the town.

Sewerage and sewage disposal in the Borough is not adequate and, in the light of past experience, I expect this observation will continue to appear in the annual health reports for several years to come. Nevertheless, the provision of a new sewage works must remain a top priority project.

3. Sewage Composting

Consideration was given to the possibility of introducing a method of sewage composting in the area in the future, and I made a report to the Council on this subject in May. The object of the process is the conversion of organic waste material into humus of manurial value, thus securing the conservation of valuable organic material. Sewage sludge from the sewage works and organic material obtained from trade and household refuse would be utilised in this process.

Whilst the benefits of sewage composting were appreciated by the Council, nevertheless it was considered that the scheme would prove too costly for a small area, such as Totnes.

4. Refuse

The refuse tip in the Borough was closed at the end of 1961 and refuse was taken to a Rural District tip at Littlehempston during the whole of 1962. This is intended to be a temporary measure. It is interesting to note that negotiations for the use of an isolated, disused quarry commenced as long ago as April 1961. To date, however, this quarry has not yet been brought into use as a permanent refuse tip for the Borough and it is therefore exceedingly fortunate that the temporary use of the Rural District refuse tip has been allowed. Suitable sites for refuse tips are difficult to find in this area.

5. Prevention of Fly Breeding

During the summer months flies commonly become a serious nuisance - both in the home and in food premises. The fly can be a serious menace to health and can be responsible for the spread of a number of diseases. As flies feed and breed in refuse, it is particularly important to ensure that refuse bins are always kept covered. Receptacles used for refuse should always have closely fitting lids.

Unfortunately a number of persons in the town continue to use various sorts of receptacles other than the standard dustbin and such receptacles usually have no lid or, if a lid is provided, it is often quite inadequate. It must be remembered that the Council can require the provision of covered dustbins under Section 75 of the Public Health Act, 1936. If householders do not co-operate in this matter then obviously the Council should take appropriate statutory action as laid down in Section 75 of the Act.

6. Dust Nuisances

It is pleasing to report that no official complaints were made about nuisances caused by dust during the year.

7. Health, Safety and Welfare in Offices.

The Offices, Shops and Railway Premises Bill was introduced during November, 1962 and makes provision for the health, safety and welfare of persons employed in offices, shops and certain railway premises. The clauses in this bill deal with, among other things, cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water and first aid. The basis of inspection will be a register of premises and the inspection of most offices and shops will fall to local authorities (county boroughs and county districts).

It is probable that the Bill will come into operation about one year after it receives royal assent. This time interval will be needed to allow owners and employers time to bring their premises into line with the requirements of the Bill and to allow enforcing authorities to build up their staffs and make the necessary administration arrangements.

The clauses in the bill will be welcomed by all persons who have an interest in community health. It must be remembered, however, that additional work will obviously fall to the staff of local authorities who will be required to visit, inspect and report on these numerous premises.

8. Washing Facilities in Public Sanitary Conveniences.

Following my report to the Council in September on the desirability of making washing facilities available in public sanitary conveniences, it is pleasing to report that persons can now wash their hands at these premises without charge.

It will be recalled that, in May, 1960 I recommended that all public conveniences built in Totnes in the future should include facilities for handwashing.

9. Rodent Control

Under the Prevention of Damage by Pests Act, 1949 this local authority has an obligation to ensure that, as far as is practicable, the area is kept free from rats and mice. For this purpose frequent inspections are necessary and, in addition, occupiers of land are required to give notice to the local authority whenever it comes to their knowledge that rats or mice are present on the land in substantial numbers. In the case of food premises the notification must be made to the Ministry of Agriculture, Fisheries and Food.

A rodent operator works on a part time basis for this authority. Regular treatment is carried out on the refuse tip and test baiting is carried out in the sewerage system. The operator frequently visits private and business premises in order to destroy pests.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. Food Premises

There were 46 food premises operating in the Borough during the year and this figure includes 11 cafes, hotels and restaurants together with 35 retail food shops. It was not possible to visit every one of these premises but random visits were made throughout the year.

2. Food Hygiene

In all food businesses it is hoped to find good premises, good equipment and a staff well trained in the practice of food hygiene. It is particularly important that food handlers are aware of the requirements of the Food Hygiene Regulations and are given basic instruction in the hygienic handling, storage and preparation of food. At the present time, however, it is possible for any person to work in food premises without this necessary instruction.

The regulations are intended to reduce food poisoning and diseases spread by food - primarily by preventing contamination of food, and also by ensuring that food is kept under such conditions that multiplication of germs cannot take place. Whilst it is comparatively easy to control the standards of premises and equipment used, it is often difficult to control the behaviour of persons employed in food handling, particularly temporary food handlers.

I still think that many food handlers are still unaware that they should inform the occupier (or, in certain circumstances, the owner) of the food premises if they are suffering from, or are a carrier of, certain diseases which are likely to cause food poisoning. Similarly, the occupiers or owners are not always aware that such information should be passed on to the Medical Officer of Health. These diseases include dysentery, salmonella infection, typhoid fever, paratyphoid fever and certain types of staphylococcal infections.

3. Slaughterhouses

3 slaughterhouses operated in the Borough during 1962.

As mentioned in previous reports, complete meat inspection in the Borough is not carried out. A large amount of slaughtering occurs at the local bacon factory and 100% meat inspection can only be achieved in the Borough by the appointment of a full time Public Health Inspector. At the present time the position of Public Health Inspector is filled by the Borough Engineer and Surveyor who already has extensive duties to carry out in connection with his other appointments.

4. Antibiotics in Food

With the increased feeding of antibiotics to farm animals there has naturally been some concern regarding the possible harmful effects that these antibiotics might have on persons who ultimately consume the meat from such animals. This was one of the points considered by a Joint Committee which was set up by the Agricultural Research Council and the Medical Research Council.

This Joint Committee published its findings during the year and it appears that there is no evidence to suggest that the feeding of antibiotics at the permitted levels exert any harmful effects on the animals or the persons who consume the meat from these animals. After slaughter there are only traces of antibiotics in the carcasses or in the products and these small amounts have no ill effects on human health.

SECTION F.

1. Housing Inspections

It was found necessary to visit 29 dwellings in connection with the allocation of points for council house applications. These dwellings ~~were~~ occupied by tenants who had applied for Council houses and considered that their present accommodation was unfit or lacking in certain amenities.

In some cases it was found possible to secure the necessary repairs or improvements following informal approaches to the landlords of these dwellings. Preference continues to be made in respect of families living in unfit houses in such a manner that they can be rehoused in order to obtain both curative and preventive benefits in respect of their health.

2. Unfit Houses

No clearance areas were declared during the year and it was not found necessary to take statutory action in respect of any individual unfit house. Informal approaches were successful in securing repairs and improvements to a number of houses.

3. Overcrowding

No dwellings were known to be overcrowded at the end of the year.

4. Houses in Multi-Occupation

In recent years there has been much concern about the unsatisfactory living conditions that exist in houses used for multiple occupation. Such houses are those let in lodgings or occupied by members of more than one family.

The Housing (Management of Houses in Multi-Occupation) Regulations 1962 came into operation during May. They provide a code of management which a local authority may apply by order under Section 12 of the Housing Act 1961, to any house used for multiple occupation which is in an unsatisfactory condition as a result of defective management. Under such a management order it becomes possible for a local authority to ensure that certain standards are enforced. From a public health aspect it is interesting to note that standards can be applied to obtain adequate and satisfactory water supply and drainage, washing facilities, food storage, ventilation and cleanliness of rooms. It becomes possible to ensure that refuse and litter do not accumulate in the premises and that reasonable precautions are taken to prevent injury to occupants as a result of structural conditions in the premises.

Local authorities have obviously been given very strong powers under these regulations but they are designed to deal primarily with the worst type of multi-occupied houses where nothing less than strong action would be likely to achieve results. I am pleased to report that no such houses could be found in the Borough during the year.

5. Dwellings for the Elderly

Over recent times much research has been carried out on the basic design of dwellings and equipment that will meet the needs of elderly persons. It must be remembered that the fittings and equipment of these dwellings are just as important as the actual design and construction when they are being provided for special groups of the population.

SECTION G.

GENERAL HEALTH IN THE AREA

1. Smoking and Health

During March, much national publicity was given to the report made by the Royal College of Physicians on "Smoking and Health". On this report it was emphasised that several diseases, in particular lung cancer, affects smokers more often than non-smokers. Cigarette smokers have the greatest risk of dying from lung cancer and the risk is greater for the heavier smokers.

In past annual health reports I have invariably made reference to the association between lung cancer and cigarette smoking and consequently I hoped that the local inhabitants of this district were aware of much of the information presented in the report. I think it is extremely important that parents ensure that their children are made aware of the hazards of smoking before they have time to acquire the habit.

This local authority should adopt all possible measures within its power to discourage practices which adversely affect the health of the community. It is particularly important that smoking should be discouraged in certain public places. Notices could well be displayed inviting members of the general public to refrain from smoking. I still think it is reasonable to operate a 'no smoking' rule when public buildings are being used for stage plays and exhibitions. To date, however, I have been unable to secure the adoption of this suggestion as far as local authority buildings are concerned.

2. Fluoridation of Water

In September I reported on the fluoridation of water and members of the Public Health Committee became fully acquainted with all aspects of fluoridation. Fluoridation of water is a simple, inexpensive way of reducing the incidence of dental decay and it would obviously be of considerable benefit to this community if the fluoride concentration in drinking water was brought up to a level of one part per million.

Approval under Section 28 of the National Health Service Act can now be given to proposals from local health authorities for arrangements made with water undertakings for the addition of fluoride to water supplies which are deficient in it naturally. Local health authorities who are water undertakings have legal power to carry out this measure and they will be indemnified by the Government against the outcome of any legal proceedings taken against them in this respect. The initiative now rests with local health authorities. It is hoped that any deficiency of fluorides in the local water supply will be remedied in the near future.

3. Bronchitis

Chronic bronchitis continues to present the greatest problem in respiratory diseases in this country at the present time. None of the causes of this disease is fully understood but two important factors are undoubtedly smoking cigarettes and air pollution. It should be remembered that the disease, in its severest form, is largely preventable.

Bronchitics will undoubtedly help themselves by giving up cigarette smoking. However, community measures will be necessary to prevent the pollution of the air by smoke, dust and fumes. In addition, tobacco smoking should be restricted or even abolished in crowded public places. Prevention can only be achieved by the combined efforts of the patients, the local authorities responsible for environmental health and the co-operation of the community.

APPENDIX A

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1962 FOR THE
BOROUGH OF TOTNES IN
THE COUNTY OF DEVON

Prescribed Particulars on the Administration of the Factories Act, 1961

PART 1 OF THE ACT

1. Inspection for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		Occupiers Prosecuted. (5)
		Inspections (3)	Written Notices (4)	
Factories in which sections 1,2,3,4, and 6 are to be enforced by Local Authorities	6	1	-	-
Factories not included in (1) in which section 7 is enforced by the Local Authority	37	19	-	-
Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises)	8	12	-	-
Total	51	32	-	-

2. Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Inspect.	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Reasonable temp.	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors. (S.6)	-	-	-	-	-
Sanitary conveniences a) Insufficient, b) unsuitable or defective, c) not separate for sexes	-	1	-	1	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	-	1	-	1	-

PART 8. OUTWORK. SECTION 133, 134

There were no outworkers in the district during the year.

